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ABSTRACT

This technical assistance paper presents information designed to assist school personnel in assessing the strengths and needs of children and planning developmentally appropriate curriculum strategies. The first topic addressed is assessment strategies, which include developmental screening, diagnostic instruments, teacher observation, parent observation and interviews, reports from medical personnel, and reports from early intervention services. The second section suggests guidelines for assessing behaviors of young children. The next topic is observation and recordkeeping strategies, such as developing each child's portfolio and using checklists. A sample learning prescription is provided, illustrating how to summarize the information acquired through observation procedures. The final section of the paper presents assessment information to families and suggests strategies for acquiring additional information from parents through conferences. Contains 7 additional resources and 12 references. (BAC)

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KENTUCKY PRESCHOOL PROGRAMS

The Role Of The Teacher In Assessing The Development Of The Young Child

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Case Scenario

Four-year-old Jason climbs the steps entering school slowly. He does not alternate feet as he climbs. His teacher observes that he runs with an awkward gait and lacks the physical strength in his legs to accomplish gross motor tasks with ease of movement.

Jama loves to talk. She chatters with her teacher and with her friends. Unfortunately, much of her speech is unintelligible and her new four-year-old friends are beginning to tease. Jama appears to withdraw.

John seems to be in a world of his own. He does not participate in songs and group discussions. He seems to ignore the comments of his friends and teachers. When his teacher reviews his medical record with his mother, she discovers John has a long history of ear infections and responds similarly to interactive attempts made by his family members.

Sam is always on the go! His mother tells the teacher he is not "all bad." His teacher soon realizes Sam cannot concentrate on any game or activity, wanders aimlessly about the classroom, is very impulsive, and often appears out of control.

Ms. Bacon believes she needs to "test" the children at the beginning of her preschool program to determine what they know so she can plan her curriculum. She also wants to test the children at the end of the year to determine how much progress each child has made. She chooses a readiness test because she believes her role is to "get the children" ready for kindergarten. She gives the children the test booklets and then pencils and instructions. The experience is a fiasco as children mark all over the pages, wiggle in their seats, and some even cry. She cannot believe how little they are able to do with paper and pencils!

By observing closely, teachers can best determine what children need.

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Introduction

"Assessment is the process of observing, recording, and otherwise documenting the work children do and how they do it, as a basis for a variety of educational decisions that affect the child" (NAEYC, 1991, p. 32) "The purpose of assessment in early childhood programs is to help caregivers and parents better understand, appreciate, and respond to the growth, development, and unique characteristics of each child in their care" (Leavitt & Eheart, 1991, p. 4). Assessment assists adults in:

1. identifying children who may have exceptional needs and, therefore, require specialized services;
2. planning curricula for individual children and evaluating its effectiveness; and
3. communicating with families relative to the strengths and needs of the child.

The information presented in this document is designed to assist school personnel in assessing the strengths and needs of children and planning developmentally appropriate curriculum strategies. Topics addressed include (1) assessment techniques, (2) appropriate guidelines for assessment, (3) strategies for observation and recordkeeping, and (4) presenting assessment information to families.

Assessment Strategies

Assessment techniques which will be addressed include (1) developmental screening, (2) diagnostic instruments, (3) teacher observation, (4) parent observation and interviews, (5) reports from medical personnel, and (6) reports from early intervention services.

Developmental Screening

"Developmental screening tests assess children's ability to acquire skills, rather than the skills they have already acquired" (NAEYC, 1988, p.2). A classroom teacher may be asked to use a screening instrument, such as the Developmental Indicators for the Assessment of Learning-Revised (DIAL-R) (Mardell-Czudnowski & Goldenberg, 1983). As with any assessment instrument, training and practice in how to administer the screening device is necessary. Screening instruments should assess the development of the whole child, i.e., emotional, social, cognitive, communicative, and physical. Developmental screening should be used to identify those children who may be in need of further assessment or evaluation to diagnose a specific learning problem and to suggest appropriate remediation strategies. **Screening instruments may not be used as a sole means of determining placement of a child in a special services program or in determining appropriate curriculum strategies for any child.**

Diagnostic Instruments

When the results of the screening process indicate a need for further diagnosis of suspected developmental problems, a diagnostic evaluation will be conducted after this has been discussed with parents and their permission obtained. Generally, a multidisciplinary evaluation is conducted. One component of the evaluation is usually assessment by the teacher, using tools which provide diagnostic information on developmental skills. Examples of such tools include the Brigance Diagnostic Inventory of Early Development (Brigance, 1978), Battelle Developmental Inventory (Newborg, et al., 1984), and Learning Accomplishment Profile (Sanford & Zelman, 1981). Some diagnostic measures can be administered by the trained teacher, while others will need to be administered by support personnel. As with screening, diagnostic tools should address the strengths and needs of the total child. The diagnostic evaluation should also be prescriptive to assist in program planning for the child.

Teacher Observation

The best source of information about the child's development is on-going observation of the child in a naturalistic setting by a trained observer. In the child's play environment within the classroom setting, the teacher can note accomplishments, changes, and problems in the child's total development without placing the child in an artificial test situation. Recordkeeping can be accomplished through written anecdotal records, completion of informal checklists, and collections of the child's "work" including drawings, art projects, dictated stories and messages, and photographs of the child's blockbuilding and other creative endeavors.

Parent Observation and Interview

Parents or caregivers responsible for the home environment of the child are the child's first and most important teachers. They are also in the best position to observe the child's developmental progress and limitations. Katz (undated) has suggested eleven dimensions of the child's behavior which parents might observe over a period of time (a minimum of four weeks for the four-year-old child) to determine whether the child is developing in an appropriate manner. These dimensions include: sleeping, eating, toilet habits, range of affect (emotions), variations in play, curiosity, acceptance of authority, friendship, interest in something outside of self, spontaneous affection, and enjoyment of the "good things in life" (p. 2). Difficulty in one or several of these areas should not be seen as irreversible, but as a signal that the child needs adult intervention in that dimension.

Reports from Medical Personnel

The child's physician is in a position to provide vital information relative to the child's pre- and post-natal development, medical history, hearing and vision, and medications which might affect the child's behavior. Usually, this information is obtained as a part of the developmental history of the child and requires parental permission.

Previous Experiences with Preschools, Day Care Programs, and Early Intervention Services

Many children may have already been identified as having potential or specific developmental difficulties. These children may have been enrolled in special needs programs and/or may have previously received support services such as speech or occupational therapy. It is critical that continuity be maintained in the services provided to the child who moves from these services to the public school. Such transitions should be planned with the parents and should include information shared by the other agencies based on parent permission.

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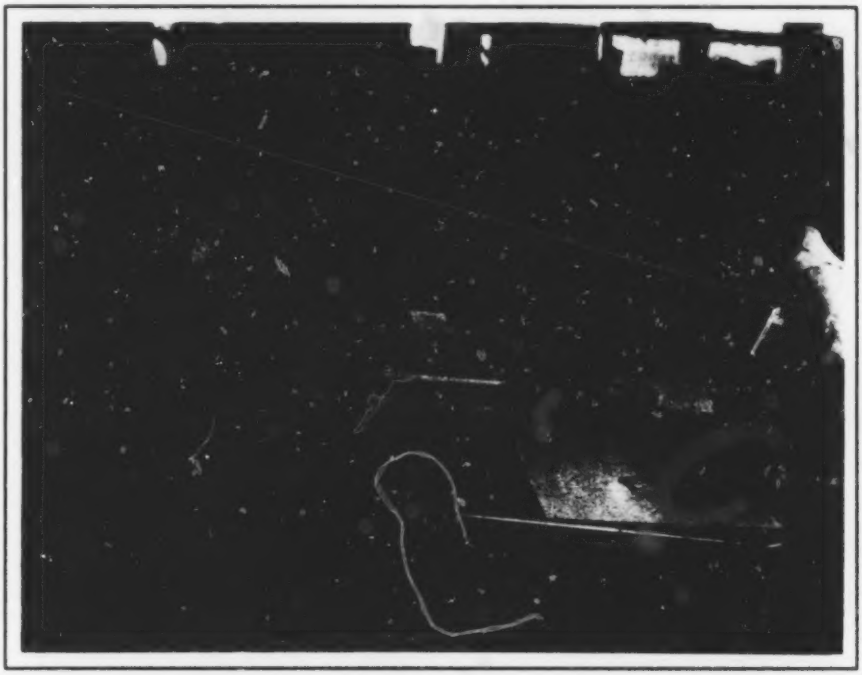
In the case scenario, Jason, Jama, John, and Sam each require assessment of behaviors to identify their strengths and needs and to plan developmentally appropriate curriculum and support services. To be effective, this assessment must involve a variety of assessment techniques rooted in adult knowledge of child development and an overriding concern and respect for the self-esteem of each child.

Guidelines For Assessing The Behaviors Of Young Children

As plans are made to utilize one or more of the assessment strategies, important guidelines should be considered.

1. Assessment must be a collaborative effort. Parents, medical personnel, support staff, and teachers should engage in positive communication relative to the observed strengths and needs of the child. ADULTS MUST UNDERSTAND CHILD DEVELOPMENT.
2. "Assessment must be related to curriculum. No item/behavior should be assessed that has no practical significance" (Katz, 1991, p. 1).
3. Parents, teachers, and support personnel should engage in collaborative decision-making relative to developmentally appropriate curriculum and special services for the child. ALL DECISIONS RELATIVE TO ASSESSMENT AND CURRICULUM MUST REFLECT AN UNDERSTANDING OF AND CONCERN FOR DEVELOMPENTALLY APPROPRIATE PRACTICE.
4. Because testing often leads to labeling children as "bright" or "slow", adults must take precautions to avoid labeling children. Assessment should be seen as a means of assisting the child in efforts to learn and not as a vehicle for labels.
5. Young children are not adept at taking tests which require the use of paper and pencil. Readiness tests often require the child to sit quietly, listen to directions, and mark appropriate responses on a test booklet. As Ms. Brown discovered, such procedures are very inappropriate. YOUNG CHILDREN SHOULD NOT BE REQUIRED TO



Non-verbal behavior tells us that these children are concentrating and learning.

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TAKE TESTS WITH PAPER AND PENCIL. ALL ASSESSMENT PROCEDURES SHOULD BE BASED IN THE USE OF CONCRETE, PLAY MATERIALS IN A NATURALISTIC SETTING. This is in keeping with the developmental level of the young child.

6. Assessment measures must address the development of the total child, i.e., cognitive, social, physical, communicative/language, and emotional.
7. Observation of the child's behaviors as the child engages in real and meaningful activities within the classroom situation is the best method of assessing the strengths and needs of the child. This is an excellent time to assess important behaviors which cannot be measured via standardized tests including the child's attitudes toward learning, ability to engage in purposeful activity, and relationships with peers and adults.
8. Assessment must take into account the diversity in styles of learning. Some children, though quite capable, will never do well on standardized test measures. Other types of assessment including observation must be utilized in determining the child's progress and interests.
9. The assessment process should never threaten the child's self-esteem or self-confidence. Teachers and support personnel should make every effort to work assessment procedures into the daily classroom climate rather than creating an artificial, "test-taking" day.
10. Efforts should be made to make assessment procedures "culture-free". Many children may not have experienced the vocabulary used in test items and directions given in standardized test measures.
11. Assessment must rely on multiple sources of information including screening and diagnostic instruments, teacher observations and checklists, collections of the child's art work and dictated stories, parent information, medical personnel reports, and the input of support personnel.
12. Most importantly, we must remember that these children are very young. OUR EXPECTATIONS MUST BE IN KEEPING NOT ONLY WITH THEIR DEVELOPMENTAL LEVEL, BUT WITH OUR FOREMOST CONCERN THAT EACH CHILD IS HAPPY AND EXCITED ABOUT SCHOOL AND THE PROCESS OF LEARNING.

Observation And Recordkeeping Strategies

This section will address (1) the development of the child's portfolio, (2) observation strategies, (3) checklists, and (4) learning prescriptions.

Portfolios

At the beginning of the year, prepare a folder or portfolio for each child. This portfolio will provide a location for materials which you collect during your observations of the child throughout the school year. You will also need to decide the types of materials which you will collect to assist with assessment and planning with fellow teachers, support personnel, and parents. Consider the following possibilities:

- written anecdotes of the child's classroom activities
- dictated stories
- drawings
- tape recordings of the child's singing or an experience shared
- pictures of three dimensional art projects, blockbuilding, and dramatic play efforts
- checklist of developmental accomplishments

Systematic Observation

"In systematic observation, there is a specific purpose for gathering information about the children, as well as a particular method for collecting and recording it" (Beaty, 1990, p.5). Systematic observation is, therefore, different than simply watching children. According to Beaty (1990), individuals who engage in systematic observation do so for the following reasons:

1. To make an initial assessment of the child's abilities.
2. To determine a child's areas of strength and which areas need strengthening.
3. To make individual plans based on observed needs.
4. To conduct an ongoing check on the child's progress.
5. To learn more about child development in particular areas.
6. To resolve a particular problem involving the child.
7. To use in reporting to parents or specialists in health, speech, mental health.
8. To gather information for the child's folder for use in ongoing guidance and placement (p.5).

Specific time should be set aside each day for the teacher to engage in systematic observation of the behaviors of individual children. A pre-designed form for descriptive recording of behaviors such as the example in Figure 1 is often helpful.

Informal staff evaluation can involve notes on children's responses to a new activity, a different method of presentation, or interactions with their peers.

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Sample Observation Record

Child's Name: Susan Marks **Observer's Name:** Ms. Adams
Purpose of Observation: **Time Frame:**
Age at Observation: 55 mos.

Situation Observed: Independent Choice time, Susan has chosen the small pegs and board and is sitting at a small table.

Susan stirs the fingers of her right hand through the plastic container of pegs. Using thumb and forefinger of her right hand, she first picks out all the red pegs and places them above the board in a small cluster. Holding the board flat with the fingers of her left hand, Susan picks up each red peg with the thumb and forefinger of her right hand and places them in a straight line using a left to right direction. She repeats this process with the green pegs, the yellow pegs, and the blue pegs, using subsequent rows. She looks at the orange and purple pegs left in the container, but does not place them in the board. She removes each red peg, individually , again using the left to right direction, and replaces them in the container. She follows suit with the green, yellow, and blue pegs, respectively. She returns the pegs and board to the games shelf.

Interpretation: Susan seems to like order.
She is able to sort and classify by color.
She is capable of manipulating small objects with thumb and forefinger.
She is self-directed and purposeful in her actions.
She is responsible in completion of the task and clean-up of materials.

Figure 1. A sample of an observation record.

As you engage in the recording of behaviors, you must remain an objective observer. Beaty (1990) suggests these guidelines for objective recording:

1. Record only the facts.
2. Record every detail without omitting anything.
3. Do not interpret as you observe.
4. Do not record anything you do not see.
5. Use words that describe but do not judge or interpret.
6. Record the facts in the order that they occur (p.15).

In addition to setting times for teacher observation, you may find it helpful to carry a small notebook and pencil in your pocket to make impromptu recordings of a child's interactions with materials and peers. These notes can be expanded into a more complete record as your time permits. MAKE SURE YOU DESCRIBE WHAT THE CHILD DOES RATHER THAN FOCUS ON WHAT THE CHILD DOES NOT DO. Written observations can be filed in the child's portfolio for later organization and summarization.

Checklists

Many teachers find it helpful to use a checklist system for "checking-off" behaviors observed. Checklists merely indicate the presence of a developmentally appropriate behavior. They are not designed to judge how well the behavior is performed. Many teachers choose to prepare their own checklists. In doing so, consider all aspects of the child's development. Beaty (1990) has designed a comprehensive checklist which may be helpful in planning. The checklist addresses the areas of self-identity, emotional development, social play, prosocial behavior, large motor development, small motor development, cognitive development (classification and seriation), cognitive development (number, time, space, memory), spoken language, written language, art skills, and imagination. The checklist may be reprinted from Observing Development of the Young Child for evaluation and recordkeeping (Beaty, 1990, p. 371).

The items in a checklist can be checked when the behavior has been exhibited. However, evidence must be given that the behavior has occurred and a date stated to assist in accurate recordkeeping. Written anecdotes can be helpful in providing evidence that behaviors indicated on the checklist have actually taken place.

Learning Prescriptions

In reviewing the materials in each child's portfolio in preparation for parent conferences and decision-making efforts relative to the child's program, select some system of summarizing the information acquired through observation procedures. The sample learning prescription found in Figure 2 may be helpful.

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Sample Learning Prescription

Name of the child: Jill Anderson
Age of Child: 52 months

Date: 11/91
Teacher: Ms. Jacobs

Strengths

Emotional: Jill knows and moves calmly through classroom routines. She is quite adept at using her words to express anger and frustration with others.

Social: Jill plays easily in small groups of two or three children and enjoys dramatic play alone and with two or three other children.

Physical: Jill's fine motor skills are appropriate for her age. She works twelve piece puzzles, strings beads, uses the pegboard and sorts small objects. Jill walks with a steady gait.

Cognitive: Jill easily sorts objects by color and sequence of events from a story or her own experiences.

Language: Jill speaks with ease to both peers and adults. She is easily understood and enjoys conversation. She recognizes many printed words used in her classroom such as those on recipe charts and learning center signs.

Creative: Jill enjoys art projects, especially easel painting. She draws a face with nose, eyes, and a mouth. She always adds curly hair.

Self-Care: Jill washes her hands and uses the toilet independently. She throws away trash and cleans her place at the table after eating.

Needs

Emotional:

Social:

Physical: Jill seems disinterested in gross motor activities. She had difficulty coordinating her movements in throwing a ball overhand, jumping over low objects and hopping on both feet.

Cognitive:

Language:

Creative:

Self-Care:

Suggested Activities

Jill enjoys playing with peers and has a wonderful imagination. She should be given many opportunities to play with other children whom she enjoys and to play with lots of creative materials including paint, crayons, playdough, and cutting and pasting. She also is very interested in printed words and should be given many opportunities to "read" the words she sees including "stop" signs, restaurant signs, menus, and labels in her environment. She should be given many opportunities to share books with her parents and to enjoy them alone.

Jill should be given more opportunities and encouragement to climb, jump, run, hop, and ride wheeled toys. She should be encouraged to throw and catch medium-sized balls.

Note: Even though a child may be performing at age-appropriate levels, a teacher should still plan activities to enhance the child's continuing development.

Figure 2. A sample learning prescription.

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Presenting Assessment Information To Families

The teacher will conduct a minimum of two, scheduled parent conferences for each child during the school year. During these conferences, the teacher will share observations of the child with parents and acquire additional information about the child from family members (Refer to **"Family-School Partnerships," Technical Assistance Paper #6** for supplemental information). The teacher will also share ideas for those activities which will most effectively foster the child's development both at home and school with the child's family. While engaging in parent conferences, consider the following guidelines:

1. Be warm and accepting. Remember, the child should be the focus of everyone's attention.
2. The child's strengths should always be addressed before the child's needs. An anecdote shared at the beginning of the conference which depicts the child's strengths is an excellent mechanism for easing the tensions which often accompany the conferencing process.
3. Ask the parents to describe what they think are the child's strengths.
4. NEVER COMPARE A CHILD'S PROGRESS TO PEERS. Always discuss the child in terms of his/her own growth and progress.
5. Provide concrete examples of the child's work including art, dictated stories, simple anecdotes, checklist items, pictures of three-dimensional art projects and blockbuilding efforts, and tapes of the child's interactions during songs and dramatic play activities.
6. OBSERVE PROFESSIONAL ETHICS. Discuss the child and parents only with those who interact with the child in the educational setting. Keep information shared factual and well-documented. Similarly, never discuss the strengths and needs of a child with the parents of another child.
7. Allow a minimum of thirty minutes for each conference and encourage pertinent questions, insights, and comments.
8. Hold conferences in comfortable spaces and avoid interruptions.
9. Be prepared to offer assistance relative to questions about resources for the child such as the public library, local support personnel, playgrounds, and parent resource libraries.
10. Offer concrete suggestions for developmentally appropriate activities which the parents and child can do at home. Do not give in to parental demands for the child to perform academic tasks which are developmentally inappropriate and threaten the self-esteem of the child. NO GRADES ARE GIVEN IN PRESCHOOL!

In addition to parent-teacher conferences for all children, whenever a child has been referred for an evaluation for special services, the teacher will be asked to participate in the Admissions and Release Committee (ARC). All individuals who are or will be working with the child are part of the ARC: parents, support personnel, classroom teachers, and administrators. The ARC determines the evaluations needed and discusses the results of the assessment efforts. If special services are needed, the ARC will develop an Invidualized Education Program (IEP). The teacher can provide valuable information relative to observations and the developmental appropriateness of activities discussed.

For additional information about ARC meetings and the development of the IEP, refer to YOUR CHILD'S EDUCATION or PARTNERS IN ADVOCACY: A GUIDE FOR PARENTS AND OTHER PROFESSIONALS available from the Early Childhood Regional Training Centers.

The use of the balance beam is an example of concrete, play materials that should be used in all assessment procedures.

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RESOURCES ON ASSESSMENT

In addition to personnel within the school system, teachers may find support relative to assessment by contacting an area Early Childhood Regional Training Center or by contacting personnel in the Kentucky Department of Education. Names, addresses, and phone numbers are listed in a resource directory within this packet. You may also find assistance by contacting early childhood specialists at your local colleges or universities.

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The best source of information about the child's development is on-going, systematic observation of the child in a naturalistic setting.

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